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Date: <b>September 16, 2004</b>	Client & Matter Number: <b>022176-000300US</b>	No. Pages (including this one): <b>12</b>
To: <b>Examiner Brian Ensey USPTO</b>	At Fax Number: <b>(703) 872-9306</b>	Confirmation Phone Number: <b>(703) 305-7363</b>
From: Joel M. Harris		(5129)

**Message:** Attached is an Amendment to the Office Action dated June 22, 2004.

60311070 v1

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60311070 v1

PTO/SB/21 (04-04)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/181,533
	Filing Date	October 28, 1998
	First Named Inventor	SHENNIB, ADNAN
	Art Unit	2643
	Examiner Name	BRIAN ENSEY
Total Number of Pages in This Submission	Attorney Docket Number	022176-000300US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below):
Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Townsend and Townsend and Crew LLP Joel M. Harris
Signature	Reg. No. 44,743
Date	September 16, 2004

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on September 16, 2004.	
Typed or printed name	Marcia D. Shea
Signature	Marcia D. Shea
Date	September 16, 2004

60310635 v1

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Attorney Docket No. 022176-000300US  
Client Ref. No. ISM/003

TOWNSEND and TOWNSEND and CREW LLP

By: \_\_\_\_\_  
Marcia D. Shea

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

ADNAN SHENNIB

Application No.: 09/181,533

Filed: October 28, 1998

For: REMOTE MAGNETIC  
ACTIVATION OF HEARING  
DEVICES

Customer No.: 20350

Confirmation No.

Examiner: BRIAN ENSEY

Technology Center/Art Unit: 2643

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed June 22, 2004, please enter the following amendments and remarks:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 8 of this paper.